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ALERT

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on AIDS Legislation, Education, Research and Treatment.

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Final Exit: Destiny or Decision?

[EDITOR'S NOTE: Perhaps no subject in recent months evokes more passionate debate than the emerging discussion on euthanasia. Here, two MCC pastors express opposing viewpoints on the ethical issues raised by the widely publicized book, *Final Exit*.]

Book Review: *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying*

By Derek Humphry
(Hemlock Society: Eugene, Oregon, 1991)

Review by Rev. Elder Nancy Wilson
(Pastor of MCC Los Angeles since 1986)

Context is everything, I guess, when it comes to evaluating the impact of a book like *Final Exit*.

I got my first copy from a member of the church. Lyn was a printer/publisher in her mid-forties who had lost her job a year before. Then she survived a disastrous romance and sunk into a clinical depression. She came into my office late one afternoon, brandishing her new purchase, the controversial *Final Exit*.

My policy is that no one who walks into my office with a weapon is allowed to leave with it. So far, that policy has turned out to be 100% effective. Or, more precisely, I've gotten away with it 100% of the time. So after Lyn told me about all she was learning about how to end her life "a la *Final Exit*," I requested that she disarm herself, and leave the book with me. I know, books don't kill people, people kill people. And, of course, she could leave my office and just buy another. But she didn't that day, or that year. Lyn came to my office that day silently begging me to set a boundary, needing a place to dump the lethal information. Was I being "co-dependent" to keep what she couldn't handle? Does it matter in this case? If I let her leave with it, wasn't I saying "it's okay with me if you die?"

A short time later, I held a second copy in my hands. This time in the apartment of a church member who had killed herself. Rosa had written the words "Final Exit" across her mirror in lipstick. The book was in the bathroom. Rosa's body lay blocking the doorway when the police broke in the next day. The friend who found her is still haunted by the look of horror frozen on Rosa's face in death. Not a pretty, peaceful death at all. You see the formula worked, only it was not meant for her.

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Review by Rev. Jim Mitulski
(Pastor of MCC San Francisco since 1986)

Every week people in the congregation I serve are faced with a question few of us were raised to engage intelligently: euthanasia. Many of us were raised in religions that gave us pat answers to moral and ethical questions. For example, the dogmatic Catholicism in which I was raised taught that abortion was wrong, homosexuality was wrong, and that suicide was one of the worst sins imaginable, bringing eternal exclusion from heaven upon the unfortunate who committed it. My religious upbringing took ONE religious perspective on these questions, and presented it as THE religious perspective, and furthermore forbade us to make our own evaluations.

The contemporary debate about euthanasia, similar to debates about abortion and homosexual rights, are often cast in this way: religious people are opposed, secular or humanist people are in favor. My perspective in reviewing this book challenges those neat divisions; I am a Christian who firmly upholds the right of the individual to choose when and how to die when facing a terminal illness.

My religious convictions are summarized in secular terms by Proposition 161 on the California state ballot, the Death with Dignity Act, that reads in part:

Current laws do not protect the rights of terminally ill patients. The purpose of this Act is to provide mentally competent terminally ill adults the legal right to voluntarily request and receive physician aid-in-dying...Self-determination is the most basic of freedoms. The right to choose to eliminate pain and suffering, and to die with dignity at the time and place of our own choosing when we are terminally ill is an integral part of our right to control our own destinies. That right is hereby established in law, but limited to ensure the rights

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Rev. Uhrig Preaches to Capacity Crowd at National Cathedral

October 11, 1992 — The Rev. Larry Uhrig, Pastor of MCC of Washington, D.C., delivered a stunning homily to an overflowing crowd of 6,000 at the Interfaith Healing Service at the National Cathedral in Washington, D.C. In a clear, concise, and passionate voice, Rev. Uhrig came out as a Christian, a homosexual, and a person with an immune system "severely compromised by HIV." With humor and compassion, he gave a personal witness to living with HIV which one person with AIDS in attendance said "strengthened my faith and my resolve to live life fully!"

The dean of the cathedral was observed laughing and applauding with joy when Rev. Uhrig "came out" in the cathedral. A gay man who has been active in the National Cathedral since he was a boy told Rev. Uhrig, "I never thought I'd live to see the day when someone stood in the pulpit and said, 'I am a homosexual!'"

The Victory Choir of MCC Washington, DC sang two selections in the service, as did The Cathedral Choir of Men and Boys and the Gay Men's Chorus of Washington, DC. Famed baritone William Parker sang several selections from "The AIDS Quilt Songbook - 1992."

The service was organized by the AIDS National Interfaith Network, the Episcopal Caring Response to AIDS, the National Episcopal AIDS Coalition, the National Skills Building Conference, and the Washington National Cathedral. The interfaith event was part of the weekend of activities surrounding the showing of the Names Project Quilt at the Washington Monument. People from MCC's all over the U.S. and Canada attended the weekend, and MCC Washington had record-breaking attendance at their Sunday morning services. ▼

Australian Prime Minister Addresses AIDS Fundraiser

Rev. Greg Smith, District Coordinator of the UFMCC Australian District, reports that Paul Keating, Prime Minister of Australia, paid tribute to the gay community at an AIDS fundraiser in Sydney on August 19. The fundraiser for the AIDS Trust of Australia was held at the Museum of Contemporary Art in Circular Quay, following a preview of the Australian film, "Strictly Ballroom." The event raised about $20,000 for the Bobby Goldsmith programs for "direct financial help for people living with HIV/AIDS."

In his speech, as published in the Aug. 21 "Sydney Star Observer," a newspaper of the lesbian/gay community, the Prime Minister said, "I also mean to [pay tribute] to those in the gay community where AIDS remains largely confined - in the midst of tragedy they have worked hard to provide education and support, and the Government has been there supporting them."

According to the "Star Observer," the Australian government is continuing the programs called for by the five-year National Strategy on AIDS. Funding levels will be maintained for all the key programs. Mr. Keating also expressed "concern" about discrimination against people with HIV/AIDS.

Keating also thanked "those on both sides of politics who have set aside differences to deal constructively with the threat of AIDS. We have done well in Australia to contain it, and better, in fact, than most countries."

The same issue of the "Star Observer" also features a profile of the AIDS Unit at Prince Henry Hospital, which celebrated its fifth anniversary on July 27, 1992. The AIDS Unit includes a Day Treatment Centre, an Acute Care Ward, and a Palliative/Respite Care Ward.

Five years ago, when the Unit was started, most of the staff at Prince Henry Hospital were not willing to deal with persons with AIDS. Nurses report that they had to "battle to get basic treatments like X-rays, or have a light bulb changed." Those who chose to work on the AIDS Unit were often shunned by other hospital workers, and construction workers insisted that the Unit be "decontaminated" twice before they would work on renovations.

Fortunately, with education the hospital staff's attitudes have changed, and on their fifth anniversary, the AIDS Unit is celebrated by the hospital and its patients for its "exceptional standards of care." The primary decision making is always done by the patient, and staff and patients truly enjoy the relaxed atmosphere and the "picturesque village surroundings."

St. Vincent's Hospital is perhaps the best known place for treatment of HIV in Sydney, but the AIDS Unit at Prince Henry Hospital now offers persons with HIV/AIDS an alternative which increases Australia's reputation for excellent care of persons with HIV/AIDS. ▼

Good News From Dr. Levine!

(By Rev. Steve Pieters)

In the September issue of ALERT, I wrote an article, "Is The Miracle Over?" In the article, I wrote about my fears related to having developed an HIV-related condition (ITP) where HIV destroys platelets, and which is treated with AZT.

The side effects from AZT stopped after about two weeks, and I have been feeling back to my old self since then.

The good news from Dr. Levine is that the AZT is working! My platelets have risen from 30,000 to 114,000. My helper cells (T4's) have risen from 290 to 581. I feel great! Praise God! ▼

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Rosa had a history of botched suicide attempts. But now in her 30's she'd been doing better in the last few years. However, the recent loss of her job and the surfacing for the first time of memories of incest had made her vulnerable once again to suicidal impulses. It seems as though she might finally be coming to the bottom of her despair. Oh, for another botched attempt. But, no, this time she was successful; she had expert help. The one who could not get enough help to live, got terrific (and inexpensive!) help to die. One psychologist I spoke to said that underneath every suicidal thought is the reality that someone in that person's young life wanted them to die. I think of all the lesbians who can't get health care, women of color who cannot get cancer screening, decent psychotherapy, jobs, housing. But *Final Exit* is cheap and accessible. Just die.

I am horrified by the needless suffering and pain caused by Aids, and by cancer. I am very supportive of legislation that, under strictly controlled circumstances, allows for a physician-assisted death. Sometimes our present medical technology only seems able to prolong suffering, not prolong life worth living. It seems just and merciful in the changing ethical landscape of our world.

But I think that the information in *Final Exit*, like the *Physician Desk Reference*, should be restricted, or at the very least, not just mass marketed and available to everyone who is having a bad day.

I also don't want to minimize how important *Final Exit* has been in raising consciousness about the need to address euthanasia, and to help some people not botch a well-thought out, early end to their suffering from Aids.

So, what does God think of all this? Thinking about life and death as "natural" processes anymore seems obsolete. Birth technology is changing radically, as human beings discover all sorts of new ways to introduce sperm and eggs. Ways of being conceived and born, and extending life artificially are in the early stages of development. Words like "natural" become more and more relative and meaningless. Jesus said, "I came that you may have life, and have it abundantly." By life, he did not separate our earthly life from eternal life, or the quality of life from it's span.

A question I've been asked by people who are chronically depressed (for whom no new designer anti-depressant drugs have worked) is, shouldn't they have the right to die? Do we only care about prolonged physical agony, and condemn others to a life-long battle with debilitating depression — that equally saps their finances, relationships, and life itself? The question challenges and terrifies me with it's deadly logic and deep poignancy.

Maybe it is context that makes me not such a fan of *Final Exit*. My MCC church is about 51% women, and less than 30% of the men are HIV+. I have done almost as many funerals for women members as for men members these last 2 years.

With so much death that is unpreventable, suicides of otherwise physically healthy persons have caused explosions of rage and grief in our church and community over the last two years. When the gay and lesbian Temple, MCC and West Hollywood Presbyterian Church co-sponsored a discussion of *Final Exit*, last year people did come to talk about suicide; and most of them were lesbians.

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of others are not affected. The right should include the ability to make a conscious and informed decision to enlist the assistance of the medical profession in making death as painless, humane and dignified as possible... (California Ballot Pamphlet, p.68).

Final Exit has provoked enormous controversy in religious circles, being condemned by Protestant and Catholic alike for making it easier for humans to exercise what religious critics see as solely a divine perogative. Throughout the book, the author stresses that the decision to end one's life must not be made lightly, or from a place of clinical depression or despair. Humphry illustrates the inadequacy of our vocabulary. We often group a rational decision to end physical torment in the same category as an act of self-destruction made by a person with many options who because of treatable depression is unable to act except in panic. Suicide is not an accurate term for the two types of euthanasia Humphry identifies, passive ("pulling the plug" or removing already in place life support systems) and active (receiving an injection of a lethal dosage of morphine or some other substance to hasten death). Humphry focuses on quality of life as the standard by which a person gauges their decision to choose active or passive euthanasia, citing one physician: "It is my profound opinion that life ends the moment a person with an incurable disease loses the will to live. An extra week, a day, an hour, means only unnecessary suffering, lengthened pain, prolonged death. The role of the modern physician should consist in prolonging life, not death. Promoting health and happiness, not pain and suffering." (*Final Exit*, p. 130) The apostle Paul's descriptions of the ennobling qualities of suffering notwithstanding, I believe the role of spirituality ought also be to promote health and happiness, not to glorify or sanctify pain.

Most of the book is devoted to describing methods a person might use under these conditions in the absence of physician assistance. The book lacks any theological reflection, partly because it is indeed a practical (how-to) manual, but also because religion appears on these pages in the guise of censor and judge. This saddened me as I thought of how many of our parishioners are engaging the questions raised in this book without the benefit of balanced spiritual perspectives that might help them make their own decision. I read nothing in this book that properly presented could not also be published by a progressive church, and I hope someday our denomination brings out something like it in a volume that also presents a spectrum of theological opinion on the matters raised in it. When I read the author's caveat: "I cannot emphasize strongly enough that people (doctors included) should only help each other to die if there is a bonding of love or friendship, and mutual respect. If the association is anything less, stand aside. This is too serious a matter to be relegated to a poor, a casual or brief relationship." (*Final Exit*, p. 33) I wondered if the church could not become such a community to some extent.

The book presents information on a taboo subject: nothing more or less. It does not tell the reader what to do. Information is empowering, the knowledge of choice: I have had parishioners tell me that the comfort of the drawerful of pills by their bedside empowers them to continue to face each day on its own terms, and ironically many do not choose self-deliverance as a result of the empowerment received by this. When

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Manchester, England:
Health Authority Appoints MCC Pastor to Chaplaincy

Rev. Paul Whiting, pastor of MCC Manchester, England, is being appointed as Voluntary Chaplain to the AIDS Unit at Monsall Hospital in Manchester. Rev. Whiting writes, "Monsall is the most advanced centre for HIV and AIDS in Britain, outside of London." Rev. Whiting is being appointed "with the specific mandate of working with gay men who want to work with an 'out' gay man around spiritual issues. Our case was particularly helped by the Area Health HIV Prevention Coordinator, who had recently attended MCC San Francisco during a visit to the US, and was 'most impressed by their ministry.' He encouraged me to work towards Health Authority recognition of MCC. The hospital chaplaincy and the unit staff have not enjoyed particularly positive relations in the past, and he felt my involvement may help in improving that."

Outside of London, Manchester has the largest number of people with HIV infection in the United Kingdom, of which 70% continue to be gay men. Body Positive Northwest, the largest voluntary HIV support group in the Manchester area, are supportive of Rev. Whiting's ministry at Monsall Hospital. Whiting reports, "The Coordinator of Body Positive was particularly impressed by the UFMCC pamphlet 'Spiritual Strength for Survival,' and I have undertaken to keep them supplied."

Rev. Whiting continues, "Given the needs in Manchester, the city is fairly well set up around HIV education and training. However, we are in the process within MCC Manchester of setting up a closed support group for those who are working around HIV/AIDS issues, caregivers, and for those living with HIV or AIDS." ▼

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The message our culture gives to both lesbians and gay men is DIE. Go away. We're like salmon swimming upstream in a rushing torrent of messages that tell us we are worthless, and should never have been born. Is there some wounded part of some lesbians' psyche that says, "Aids is doing a marvelous job of killing gay men, and has been less (not totally) effective in killing lesbians. So, if cancer isn't killing us fast enough, let's do it ourselves." Am I crazy? Do you see and hear the echoes of such thoughts and impulses in your church or community?

I don't know. I have yet to know personally of anyone who used *Final Exit* in the way the book itself recommends. I know that other pastors have a very different experience. And it's weird to think of information as needing to be a "controlled substance". So much good information has been needlessly controlled, after all. I'm not comfortable with that, and yet, all my association with *Final Exit* is in terms of needless death, especially for lesbians. And, so what if a few lesbians or healthy gay men, or teenagers die in the service of this great cause?

By suggesting that, if you're healthy but suicidal, you can drop off (by mail or in person) your copy to me, or to your pastor, I'm probably advocating censorship, or being patronizing. Oh hell, I'll risk it, for the Rosas, for the Lyns. You know, you can always buy another copy, or kill yourself tomorrow. Today, just for today, read a novel, go for a walk, call somebody. ▼

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people are feeling out of control about so much, this reminder of human agency can often sustain the will to live.

I have preached two sermons on this book, a year apart. Both have been well-received in this congregation and community where self-deliverance is considered one among many acceptable ways to face terminal illness. Many have talked to me as a result about working through guilt around helping a loved one accomplish their desires. I believe this is happening in many of our churches, and I hope the church can help relieve people of the burden of guilt they carry as a result of dogmatic religious upbringings that did not equip us for the real life situations in which we find ourselves.

In the past year, I engaged these questions in an intensely personal way, when I accompanied an intimate friend, Bob Rex, through this process. How I wish Proposition 161 were a law in this state! We lived through a painful time of watching Bob suffer in unimaginable ways; there is a unique heart-wrenching quality to losing someone with whom one has been emotionally, spiritually and sexually close. When Bob said on June 18 of this year that he was unable to go on, we were able to accomplish in a few hours with physician-supplied morphine in a hospital setting what several diseases raging in his body would have effected within a week. Because of forward-looking hospitals and compassionate medical staff in this city, we did not need the methods described in *Final Exit*; were we to live somewhere else, I can honestly say we might have.

My faith in a loving God who I know sees no value or higher purpose in human suffering, enabled me to be the kind of friend Bob needed as he struggled with these questions, and sought assurance he would not be judged for his choices. In *The Women of Brewster Place*, Gloria Naylor writes "Sometimes being a friend means mastering the art of timing. There is a time for silence. A time to let go and allow people to hurl themselves into their own destiny. And a time to prepare to pick up the pieces when it's all over." (New York: Penguin, 1983, p.70) I understand God to be that friend for us, and my own relationship with God gave me strength to be the kind of friend Bob needed, even when I was not personally ready to let him go. As a Christian, I believe that death is not a "final" exit, and I know I will see my friend someday, tanned and beautiful in his glorified body, as vibrant and vital as if he were on the dance floor at Tea dance in Provincetown, or fresh from the gym after we worked out together.

Living with the intensity of HIV calls into question many of the neat theological understandings in which I was schooled. Three years of seminary never prepared me for most of the real life situations I find I face as a spiritual leader at this time and place in history. I hope over time we in UFMCC contribute constructively to the debate around euthanasia in ways that people across the spectrum of opinions know they are welcome in our congregations.

Final Exit provides practical knowledge; it is up to us to equip people to make their own moral and ethical decisions about this and many issues. I pray that we may be guided by a relationship with God and a church that challenges us to make the most of the time we have with one another, that empowers us to exercise our own free will in making important decisions, and that comforts us with the assurance of an eternal resting place with God, however and whenever we arrive there. ▼